

## State of California Secretary of State

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**Statement of Information** 

(Domestic Stock and Agricultural Cooperative Corporations) FEES (Filing and Disclosure): \$25.00. If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

west Edge Halo Inc.

**FILED** Secretary of State State of California

JUN 2 1 2016

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| 2. CALIFORNIA CORPORATE NUMBER C3664854  |                          | This Space for Filing Use Only |                    |                     |
|--|--------------------------|--------------------------------|--------------------|---------------------|
| No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)  3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information has been previously filed, this form must be completed in its entirety.  If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17. |                          |                                |                    |                     |
| Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)   |                          |                                |                    |                     |
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE  | Santy                    | ancisco                        | STATE              | 21P CODE<br>94110   |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY   | Sancity                  | ancisco                        | STATE<br>CA        | ZIP CODE<br>9-4/1() |
| 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4  | CITY                     |                                | STATE              | ZIP CODE            |
|  |                          |                                |                    |                     |
| Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)  |                          |                                |                    |                     |
| 7. Benef executive officery amiles 40 29 m Street  | San f                    | rancisco                       | STATE              | ZIP CODE<br>94110   |
| 8. SECRETARY REPAIRED LATER STREET   | sän f                    | fancisco                       | STATE              | ZIP CODE<br>94110   |
| 9. CHIEF FINANCIAL OFFICER/MAIDNEW 410 29 th Street  | San 7                    | rancisco                       | STATE              | ZP-C005             |
| Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)   |                          |                                |                    |                     |
| 10 Chame Lamirer address 29th Street   | Săn                      | francisco                      | STATE              | ZIP 6975<br>9-4110  |
| "Michael Maloney ADDRESS 29th Street   | San =                    | francisco                      | STATE              | ZIP CODE<br>94110   |
| 12. NAME ADDRESS   | CITY                     |                                | STATE              | ZIP CODE            |
| 13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:   |                          |                                |                    |                     |
| Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.  |                          |                                |                    |                     |
| 14. NAME OF AGENT FOR SERVICE OF PROCESS A COVERNO POO   | Negres                   | famire                         | t                  |                     |
| 15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN IND  | ividual city<br>San Hran | CASCO                          | STATE<br><b>CA</b> | ZIP CODE<br>9-4110  |
| Type of Business   |                          |                                |                    |                     |
| 16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  YEAL   | Estate                   |                                |                    |                     |
| 17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.  O 13/10 +7-00000000000000000000000000000000000  |                          |                                |                    |                     |
| SI-200 (REV 01/2013)   |                          | APPR                           | OVED BY SE         | CRETARY OF STATE    |